



# National Institute of Advanced Manufacturing Technology

## Central Instrument Facility

### Requisition form for FESEM/EDX/EBSD (For External users)

Date: \_\_\_\_\_

Name of the user:	Name of the supervisor:
Designation of user:	Department:
Name and address of the institute / Industry:	
Contact No.	No. of Samples submitted:
Email ID:	Nature of samples: Hazardous / Non-hazardous

**Test/s to be done:** Please provide the following details:

Sample Numbers	1	2	3	4
Sample Name				
Imaging / EDX / EBSD				
Detector type (SE/BSE)				
Requisite Magnification				
Acceleration Volts				
Expected & Major elements present				
Working Distance				

Remarks, if any:

Signature of user

Signature of supervisor

Signature of Head/In-charge

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### For CIF Use – FESEM Facility

Date of Completion:

Signature of Technician

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### Details of Payment

Test / Analysis	Imaging	EDX	EBSD
No. of samples			
Amount (Rs.)			
Total amount paid:	Rs.		
Date of Transaction:			
Mode of Payment:	UPI app / NEFT / IMPS		
Transaction ID:			
Copy of transaction attached:	Yes / No		

Signature of user